# National EMS Advisory Council Committee Report DRAFT August, 2016

**Committee: Subcommittee on Data and Technology** 

**Title: Community Paramedic Data Set** 

**Issue Synopsis:** 

As a result of changes in healthcare delivery systems, reimbursement, and unmet needs in out-of-hospital healthcare, including behavioral healthcare, the EMS service delivery model has evolved over the past decade in an effort to help meet these needs. Additionally, advanced training, mobile technology, and telemedicine opportunities have expanded the capabilities of EMS. These opportunities, coupled with the increasing needs for out-of-hospital healthcare delivery, have led EMS agencies throughout the nation to create community paramedicine (CP) and mobile integrated healthcare (MIH) programs.

Many EMS agencies that have started community paramedicine or mobile integrated healthcare initiatives have had to rely on grant funding from a variety of novel sources to establish their programs. Generally, these grants have covered program operation for a two- to three-year period of time and have primarily focused on a specific health care issue, patient population, or statistical goal such as reduced readmission rates or decreased ambulance transports to the emergency department (ED). The nature of this type of sponsorship requires EMS agencies to be intensely focused on a few key outcomes identified by the funder. Most EMS agencies do not have the time, resources, or technical ability to collaborate with others to define a data set, test its validity, and investigate their processes to establish best practices and reach their desired outcomes with maximum efficiency and advocacy for patients.

Community paramedicine and mobile integrated healthcare programs and their partners are have had an incredibly positive and transformational impact upon the improvement of health care and patient outcomes in a cost-effective manner.

Craft a statement praising the grass-roots efforts in program creation, followed by introducing the need for some national standardized data set creation. Could parallel this with NEMSIS as a comparison.

#### A. Problem statement

A brief description of the issue/topic addressed by the report. This should include an explanation of the national significance of the issue

- Patient outcomes are the high-level clinical or financial priorities that concern healthcare organizations. They are the quality and cost priorities healthcare facilities and EMS systems are mutually targeting for improvement.
- Process measures are the specific steps in a process that lead to a particular outcome metric.
- Data dictionaries standardize measurements and create a foundation for the collection and analysis of evidence-based data which should be the driving factor to achieve improved patient outcomes
- Standardized data points facilitate process analysis, benchmarking, process improvement, and the identification and establishment of best practices.

## B. Resources/references related to the issue

Sources relevant to the problem statement used to support the committee's analysis of the issue or topic.

## C. Crosswalk with other standards documents or past recommendations

Has the topic or issue been discussed by other documents considered standards (e.g. National EMS Education Agenda for the Future, NFPA standards, National Incident Management System, etc)? Has the NEMSAC, or another national advisory group made recommendations or adopted position statements about this topic before? How do the standards documents you reviewed relate to the issue, your analysis, or recommendation?

**NEMISS EMS Data Dictionary National Trauma Data Standard NFIRS** 

## D. Analysis

A discussion of the issue using the sources and standards listed above.

#### E. Committee conclusion

A summary of conclusions made by the committee's work on the topic.

# **Recommended Actions/Strategies:**

## **National EMS Advisory Council**

The National EMS Advisory Council recommends that FICEMS leverages the considerable independent work that has been done throughout the nation on the development of CP/MIH data sets through the organization and facilitation of a national MIH data collection summit. The intent of the summit would be to bring stakeholders together, creating a national CP/MIH data dictionary.

### **National Highway Traffic Safety Administration**

National EMS Advisory Council recommendations to the National Highway Traffic Safety Administration.

#### Other Department of Transportation

National EMS Advisory Council recommendations to NHTSA for consideration by other administrations within the U.S. Department of Transportation.[TITLE] [COMMITTEE] [DATE] [DRAFT/FINAL/INTERIM] 2



## **Federal Interagency Committee on Emergency Medical Services**

National EMS Advisory Council recommendations to NHTSA for consideration by the Federal Interagency Committee on EMS.

